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INDICATION FORM**

Application Number	10/547,680
Filing Date	September 2, 2005
First Named Inventor	Heinrich HANISCH ET AL.
Title	DEVICE FOR SELECTING AN AREA OF A DENTAL RESTORATION BODY, WHICH IS DEPICTED IN A 3D REPRESENTATION, AND METHOD THEREFOR
Art Unit	3732
Examiner Name	Heide Marie Eide
Attorney Docket Number	01873.GC0014.

I hereby revoke all previous powers of attorney given in the above-identified application.

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	15.06.09
Name	Dr. Redlich, General Counsel E/AP	Telephone	0043-662-2450-535
Title and Company	Sirona Dental Systems GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Form #205

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